

Name _____ Appointment Date: _____

Appointment Time: _____

DOUGLAS COUNTY SOCIAL SERVICES

1133 Spruce Street; Gardnerville, NV 89410

Phone: 775-782-9825

***** APPLICATION FOR ASSISTANCE *****

Please read each page carefully and answer every question. If the answer is "none," then write in "none."

If you are applying for someone other than yourself, check boxes or complete blank spaces as they apply to person for whom application is made.

REQUIRED DOCUMENTATION

IMPORTANT: Please bring **ALL** documents that are checked below to your appointment.

If you do not have the required documents and a completed application, your appointment will have to be rescheduled.

- ✓ Assets (*checking and savings account statements, 401k, etc.*)
- ✓ At **least** one form of identification for **all** household members (*driver's license, birth certificate, etc.*)
- ✓ Proof of Douglas County residence (*drivers license, rental contract, car registration, etc.*)
- ✓ Verification of **all monies** received within the last 30 days for **all** household members (*pay stubs, SSI, TANF, unemployment, child support, etc.*) Please bring copy of your most recent award letter and/or copies of most recent pay stubs.
- ✓ Registration for **all** vehicles (*cars, trucks, motorcycles, etc.*)

Additional documentation that you may be requested to bring:

- | | |
|---|---|
| <input type="checkbox"/> Insurance policies | <input type="checkbox"/> Proof that TANF Application has been submitted to Nevada State Welfare |
| <input type="checkbox"/> Utility bills | <input type="checkbox"/> Letter and utility bill from landlord |
| <input type="checkbox"/> NV State Welfare or NRHA documentation | <input type="checkbox"/> Other documentation: _____ |
| <input type="checkbox"/> Resume | |

Name _____

Date: _____

Case Number: _____

Resource Self-Assessment

(please read carefully, and put an X in the appropriate box)

Childcare or Head

- ☐ Enrolled in unsubsidized licensed childcare setting of choice
- ☐ Enrolled in Head Start
- ☐ Enrolled in licensed subsidized child care of choice
- ☐ Enrolled in subsidized afterschool program
- ☐ Enrolled in licensed subsidized childcare; limited choice
- ☐ Childcare provided by a family member or friend
- ☐ On waiting list for enrollment in childcare
- ☐ Not enrolled in childcare
- ☐ Enrolled in unregulated or unlicensed childcare
- ☐ N/A

Education-Adults/Youth

- ☐ Post-Secondary degree: Associates, Bachelors, Masters or Doctorate degree
- ☐ Certificate/license from technical/professional training
- ☐ Post high school vocational education, non-college business courses, technical/professional training
- ☐ High school diploma/GED
- ☐ Reading/writing/math skills present; possible TABE, no GED/High School diploma
- ☐ Reading/writing/basic math **skills absent**; illiterate
- ☐ N/A

Emergency Assistance

- ☐ Situation resolved; no longer in need of basic necessities
- ☐ Situation addressed; receives **most** basic necessities
- ☐ Situation addressed; receives **some** basic necessities
- ☐ Urgent situation; in need of basic necessities
- ☐ Emergent situation; in need of basic necessities
- ☐ N/A

Employment

- ☐ FT work **above** minimum wage with **all** employer provided benefits
- ☐ FT work **above** minimum wage with **some** employer provided benefits
- ☐ FT work **above** minimum wage **without** employer provided benefits
- ☐ FT work **at** minimum wage **with** employer provided benefits
- ☐ FT work at minimum wage **without** employer provided benefits
- ☐ Employed. Currently on FMLA (no pay)
- ☐ Disabled; receiving SSI or SSD
- ☐ PT employment **with** benefits
- ☐ PT employment **without** benefits
- ☐ Unemployed **with** work history or skills
- ☐ Unemployed **without** work history or skills
- ☐ N/A

Energy

- ☐ Pay all bills **without** subsidy
- ☐ Pay all bills **with** subsidy
- ☐ Pay all bills **with** established payment plan
- ☐ **Notice of shutoff**; unable to pay bill(s)
- ☐ N/A
- ☐ Utility shut off; unable to pay bill(s)

Food and Nutrition

- ☐ Able to afford **any** food without food programs
- ☐ Able to afford **most** food without food programs
- ☐ Unable to afford food; uses SNAP, WIC, and/or other food programs
- ☐ Unable to afford food; uses a food bank, pantry, vouchers or congregate meals
- ☐ Unable to afford or obtain food
- ☐ N/A

Health Insurance-Children

- ☐ All children have health insurance
- ☐ Some children have health insurance
- ☐ No children have health insurance
- ☐ N/A

Health Insurance-Adults

- ☐ All adults have health insurance
- ☐ Some adults have health insurance
- ☐ No adults have health insurance
- ☐ N/A

Household Budgeting

- ☐ Able to pay all bills; expenses **do not** exceed income; discretionary funds for spending
- ☐ Able to pay all bills; expenses **do not** exceed income
- ☐ Unable to pay **some** bills; expenses exceed income
- ☐ Unable to pay **most** bills; expenses exceed income
- ☐ Unable to pay **any** bills; expenses exceed income
- ☐ N/A

Housing

- ☐ Home Ownership
- ☐ Condominium Ownership
- ☐ Co-Op Home Ownership
- ☐ Non-subsidized rental housing
- ☐ Safe and secure non-subsidized housing; choices limited due to moderate income, **homeowner**
- ☐ Safe and secure non-subsidized housing; choices limited due to moderate income, **renter**
- ☐ Safe and secure subsidized Section 8 housing
- ☐ Safe and secure subsidized rental apartment
- ☐ Safe and secure subsidized public housing
- ☐ Living with relatives or friends by choice
- ☐ Safe and secure transitional housing
- ☐ Unaffordable home
- ☐ Unaffordable non-subsidized rental
- ☐ Unaffordable subsidized rental
- ☐ Safe and secure domestic violence shelter
- ☐ Temporary shelter; i.e., hotel, motel, or trailer
- ☐ Home in foreclosure
- ☐ Living with relatives or friends due to crisis
- ☐ Substandard/unsafe housing
- ☐ Homeless
- ☐ N/A

Primary Health Care

- ☐ Access to same provider (medical home) as needed
- ☐ Access to various providers as needed
- ☐ Limited access to providers; immediate needs addressed
- ☐ Emergency room use only
- ☐ No access due to geographic, transportation or financial constraints
- ☐ N/A

Transportation

- ☐ Public or private transportation **always** available.
- ☐ Public or private transportation available **most of the time**
- ☐ Public or private transportation available **some of the time**
- ☐ Public or private transportation **rarely** available
- ☐ No public or private transportation
- ☐ N/A

APPLICANT INFORMATION:**First Name:** _____**Middle Name:** _____**Last Name:** _____ **Maiden Name:** _____**E-mail Address:** _____ **Do you wish to receive our newsletter?** ☐ **Yes** ☐ **No****Street Address:** _____
(No P.O. Boxes)

City _____ State _____ Zip Code _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Home Phone #: _____ **Message Phone #:** _____**Date of Birth:** _____
Month/Day/Year**Race:** ☐ Caucasian ☐ Pacific Islander ☐ African American ☐ Native American
☐ Asian ☐ Middle Eastern ☐ Other**Ethnicity:** ☐ Not Hispanic ☐ Hispanic**Education:** ☐ Last grade level completed: _____ ☐ High school diploma
☐ GED ☐ Some college/certificate/trade license, etc.
☐ Associate's Degree ☐ Bachelor's Degree
☐ Master's Degree ☐ Doctorate Degree**Are you ...** ☐ disabled? ☐ a military veteran? ☐ a felon or ex-offender**Gender:** ☐ Male ☐ Female**Marital Status:** ☐ Divorced ☐ Married
☐ Registered Domestic Partners ☐ Separated
☐ Single ☐ Unmarried Partners
☐ Widowed**Housing Status:** ☐ Homeless ☐ Living with Others
☐ Living with Relative ☐ Home Owner
☐ Renter ☐ Shelter
☐ Other**Total number of persons in household (including yourself)** _____**Family Type:** ☐ One parent family (with children) ☐ Foster family
☐ Two parent family (with children) ☐ Multi-generational living in one residence
☐ Two adult family (no children) ☐ Other: _____
☐ Single person (living alone)
☐ Single person (with roommate)
☐ Grandparents raising grandchildren

Do you have. . . ☐ life insurance? ☐ dental insurance? ☐ auto insurance?

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Do you have. . . ☐ medical insurance? *If so, please specify type (below):*
☐ Medicare ☐ Medicaid
☐ private ☐ employer-provided
☐ VA ☐ through spouse

HOUSEHOLD INFORMATION:

Who is the head of the household?

☐ Me

☐ Other _____

(their name)

if other, please specify your relationship to them:

☐ spouse

☐ child

☐ sibling

☐ parent

☐ in-law

☐ aunt/uncle

☐ niece/nephew ☐ other _____

Has anyone in this household ever received . . . ☐ rental assistance (from any agency)? *If checked, please answer the following:*

When? _____

Where? _____

Amount? _____

******* If you are homeless or at risk of becoming homeless and are seeking assistance with housing, be certain to complete the additional information on Page 6 of this application.**

Does the family currently have transportation?

☐ Yes, private vehicle

Driver's License State and Number: _____

☐ Yes, public transportation

☐ Yes, some other *regular* arrangement

☐ No

How long has the family lived in Douglas County? _____

HOUSEHOLD MEMBERS (please complete for everyone **besides** yourself)

Name (First, middle, last)	Gender	Relationship	DOB	Race*	Education Yr Completed	Disabled?	Health Insurance? Type

* Race

1 - Asian

2 - Black/African American

3 - Middle Eastern

4 - Native American

5 - Pacific Islander

6 - White

Has anyone in the family sold any property in the last 60 months? _____

If yes: Description: _____

Value: _____

Date Sold: _____

Has anyone in the family received assistance from Douglas County Social Services? _____

If yes, what type of service: _____ Date of service: _____

APPLICANT EMPLOYMENT:

Current or Last Employer: _____

Employer Location: _____

(City, State only)

Start Date: _____ End Date: _____

Rate of Pay: _____ Job Description: _____

Number of hours worked per week: _____

Employment:

- ☐ Employed full-time at two (2) jobs
- ☐ Employed full-time at one (1) job
- ☐ Employed at one full-time/one part-time job
- ☐ Employed part-time at two (2) or more jobs
- ☐ Employed part-time at one (1) job
- ☐ Going to school or job training program
- ☐ Unemployed and seeking employment
- ☐ Unemployed, but not seeking employment

☐ On disability leave ☐ Disabled

☐ Retired

☐ Self-employed

☐ Other: _____

☐ Temporary or seasonal (casual labor, etc.)

☐ Other _____

*****If you are interested in assistance with seeking employment, be certain to complete the additional information on Page 6 of this application.

EARNED INCOME:

Please complete the following **for all household members, other than yourself**, that generate household income (include the last 12 months):

Household Member	Employer	Employment Dates		Rate of Pay	Position
		Begin MM/DD/YY	End MM/DD/YY		
				\$	
				\$	
				\$	
				\$	

Monthly Income (include income for all Household members)? _____

UNEARNED INCOME

Complete each item for everyone in the home.

	RECEIVING	APPLIED FOR	WHO	AMOUNT (Wk/Mo/Semi-Mo)
1. Child Support/Alimony				\$ Per
2. Unemployment Benefits				\$ Per
3. Supplemental Security Income (SSI)				\$ Per
4. Social Security Income				\$ Per
5. Food Stamps				\$ Per
6. Income Grants or Assistance (TANF or Foster Care, etc.)				\$ Per
7. Veteran Benefits				\$ Per
8. Indian General Assistance				\$ Per
9. Military Allotment				\$ Per
10. Money or loans from relatives or others				\$ Per
11. Retirement Pensions (Civil Service, Railroad, Military, Public Employee, Private or Union, Etc.)				\$ Per
12. Money from Property Rentals, Leases				\$ Per
13. Utility Allowance				\$ Per
14. Rent from Boarders/Roomers				\$ Per
15. Workman's Comp				\$ Per
16. Non-Banking Income (circle all that apply) Payday loan, pawn, refund anticipation loan, online or yard sales, direct deposit advance, title loan, check-cashing loan, etc.				\$ Per

ASSETS OR RESOURCES

Do you or anyone in your household have any of the following resources? (Check all that apply)

Savings Account (balance _____)

Checking Account (balance _____)

Credit Union Account (balance _____)

Burial Funds

Savings Bonds

Life Insurance Policies

Vehicle(s)

Cash on Hand (amount _____)

Stocks/Bonds (interest _____)

Trust Funds

Individual Retirement Accounts (IRA)

Keogh Accounts (401K)

Certificates of Deposit (CD)

Christmas Club Account

Individual Indian Money Accounts (IIMA)

Other Account Type (_____)

Other Houses, Land or Buildings

Promissory Notes or Contracts

Life Estates/Life Leases

Mining Claims

Land/Mineral Rights

Safe Deposit Boxes

Business Checking Account

Business Equipment/Inventory

Livestock/Horses

Other _____

MONTHLY EXPENSES:

Type	Monthly Amount	Your Share	Company Name (To Whom Expense is Paid)?	Who Else Pays?	Current on Payments?	Source of Income to pay this expense?
Cable/Satellite	\$	\$				
Car Payment	\$	\$				
Credit Cards	\$	\$				
Electricity	\$	\$				
Garbage/Trash removal	\$	\$				
Gas/Propane/Wood heating	\$	\$				
Gasoline Expense	\$	\$				
Insurance	\$	\$				
Internet Access	\$	\$				
Medical Expenses	\$	\$				
Mortgage/Rent	\$	\$				
Rent-to-Own	\$	\$				
Space/Lot rent	\$	\$				
Storage	\$	\$				
Telephone/Cell	\$	\$				
Water/Sewer	\$	\$				
Other	\$	\$				

Housing and Employment Program Information: (Complete only for these programs)

Name _____ Date: _____

Please note that answering YES to any of the below questions will not remove you from eligibility for any programs. Honest answers will best help your case worker develop a plan to suit your individual and household needs.

How did you hear about the Employment Training Job Development or Housing (circle one or both) Programs?

Criminal History:

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please provide dates and the nature of the charges: _____

Are you currently under supervision by parole or probation? ☐ Yes ☐ No

If yes, please provide the name and contact information for your parole/probation officer: _____

Are you currently working with Child Protective Services in any capacity? ☐ Yes ☐ No

If yes, please provide the name and contact information for your case worker: _____

Substance Use:

Have you ever used drugs or alcohol? ☐ Yes ☐ No

If yes, what type(s)? _____

When was the last time you used drugs or alcohol? _____

Mental Health:

Are you currently under the care of a mental health professional? ☐ Yes ☐ No

If yes, who is your provider? _____

Diagnosis(es) (optional): _____

Please list any medications you currently take for your illness (use the back of the page for extra listings): _____

Housing History:

Where did you sleep last night? _____

Where will you sleep tonight? _____

What has caused your housing to be threatened? _____

Prior living/housing situation over the last 24 months (check all that apply):

- ☐ Homeless Shelter ☐ Vehicle ☐ Street/Park/Abandoned Building ☐ Domestic Violence Shelter
☐ Hotel/Motel ☐ Relatives' House ☐ Friend's House ☐ Transitional Housing Program
☐ Rental: House/Apartment ☐ Owned a home/mortgage ☐ Other: _____

Have you ever been evicted? ☐ Yes ☐ No How many times? _____

If yes, what was the reason for eviction? _____

Are you eligible for HUD housing assistance (Section 8, subsidized housing)? ☐ Yes ☐ No

If no, what is the reason? _____

Are you on a Section 8 waiting list? ☐ Yes ☐ No If yes, when was the application filed? _____

Do you owe money to any utility companies (gas, electric, propane)? ☐ Yes ☐ No

If yes, how much do you owe? NVEnergy \$ _____ Southwest Gas \$ _____ Propane \$ _____

Do you have pets? ☐ Yes ☐ No If yes, number and type of animals: _____

If yes, do you have a place for them to stay? ☐ Yes ☐ No

For all housing inquiries, please provide an emergency contact person's name and number: _____

SIGNATURE AND AFFIRMATION

Initials:

- ____ 1. I understand information provided on this application is subject to verification by Federal, State or local officials. If any information is found inaccurate, I may be denied assistance and/or be subject to criminal prosecution for knowingly providing false information.
- ____ 2. I understand the questions on this application and the penalty for hiding or giving false information. I certify under penalty of perjury, my answers are correct and complete. I agree to notify the agency where I made application for assistance of any changes in my circumstances that may affect my eligibility.
- ____ 3. I understand that all of the information provided on the preceding five (5) pages of my application are necessary and important in determining my eligibility status and that any change in circumstances may affect my eligibility for assistance; therefore, I agree to notify Douglas County Social Services of any change in circumstance within forty-eight (48) hours of the change.
- ____ 4. I understand I have a duty to inform Douglas County Social Services if I or anyone on my behalf commences a legal action against anyone for recovery of money as reimbursement for medical care and treatment paid for by the county. I must further advise Douglas County Social Services should I, or anyone on my behalf, solicit or receive any offer of settlement of money as reimbursement for medical care and treatment paid for by the Medicaid Program and County.
- ____ 5. I hereby authorize the agency to whom I am applying for assistance to make any investigation concerning me or other members of my household or my children's legal/putative parent(s) which is necessary to determine eligibility for any benefit I have received or will receive under programs administered by this agency. I hereby authorize and consent to the release of any and all information concerning me or my household members to the agency by the holder of the information, regardless of the manner or form held, including, without limitation, information made confidential by law or otherwise and patient information privileged under NRS 49.225 or any other provision of law or otherwise. I hereby release the holder of such information from liability, if any resulting from the disclosure of the required information. I authorize the agency to contact my employer to obtain wage information. A reproduced copy of this application and authorization legally constitutes an original copy.
- ____ 6. I authorize the Nevada State Welfare Division, County Welfare Departments and agencies for which I may be eligible for assistance, to exchange information essential for effective case management.
- ____ 7. This release is valid for a period of one year from the date of the authorization.

By initialing and signing this affirmation, I acknowledge I have read and understand the information contained herein and my duties and obligations to provide updated information.

Signature or Mark of Applicant

Date

I agree to act on behalf of the above applicant.

I understand my rights and obligations as a representative and responsible party.

Signature of Authorized Representative

Address

City

Zip

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.